Rating

¹50

	Vaginal fecal leakage one to three times
	per week requiring wearing of pad
	Vaginal fecal leakage less than once a
	week
	Without leakage
7625	Fistula, urethrovaginal:
	Multiple urethrovaginal fistulae
	Requiring the use of an appliance or the wearing of absorbent materials which
	must be changed more than four times
	per day
	Requiring the wearing of absorbent mate-
	rials which must be changed two to four
	times per day
	Requiring the wearing of absorbent mate-
	rials which must be changed less than
	two times per day
7626	Breast, surgery of:
	Following radical mastectomy:
	Both
	One
	Following modified radical mastectomy:
	Both
	One
	Following simple mastectomy or wide local
	excision with significant alteration of size
	or form:
	Both
	One
	Following wide local excision without sig-
	nificant alteration of size or form:
	Both or one
	Note: For VA purposes:
	(1) Radical mastectomy means
	removal of the entire breast, un-
	derlying pectoral muscles, and
	regional lymph nodes up to the
	coracoclavicular ligament
	(2) Modified radical mastectomy
	means removal of the entire
	breast and axillary lymph nodes
	(in continuity with the breast)
	Pectoral muscles are left intact.
	(3) Simple (or total) mastectomy
	means removal of all of the
	breast tissue, nipple, and a
	small portion of the overlying
	skin, but lymph nodes and mus-
	cles are left intact
	(4) Wide local excision (including
	partial mastectomy
	lumpectomy, tylectomy
	segmentectomy, and
	quadrantectomy) means re-
	moval of a portion of the breast
	tissue
7627	Malignant neoplasms of gynecological sys-
	or breast

	Rating
Note: A rating of 100 percent shall continue beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals.	
or skin. 7629 Endometriosis: Lesions involving bowel or bladder confirmed by laparoscopy, pelvic pain or heavy or irregular bleeding not controlled by treatment, and bowel or bladder symptoms	50
Pelvic pain or heavy or irregular bleeding not controlled by treatment	30
Pelvic pain or heavy or irregular bleeding requiring continuous treatment for control Note: Diagnosis of endometriosis must be substantiated by laparoscopy.	10

¹Review for entitlement to special monthly compensation under § 3.350 of this chapter.

[60 FR 19855, Apr. 21, 1995, as amended at 67 FR 6874, Feb. 14, 2002; 67 FR 37695, May 30, 2002]

THE HEMIC AND LYMPHATIC SYSTEMS

$\$\,4.117\,$ Schedule of ratings—hemic and lymphatic systems.

lymphatic systems:	
	Rating
7700 Anemia, hypochromic-microcytic and megaloblastic, such as iron-deficiency and pernicious anemia:	
Hemoglobin 5gm/100ml or less, with find- ings such as high output congestive heart failure or dyspnea at rest	100
Hemoglobin 7gm/100ml or less, with find- ings such as dyspnea on mild exertion, cardiomegaly, tachycardia (100 to 120 beats per minute) or syncope (three epi-	
sodes in the last six months) Hemoglobin 8gm/100ml or less, with find- ings such as weakness, easy fatigability,	70
headaches, lightheadedness, or short- ness of breath	30
ings such as weakness, easy fatigability or headaches	10
tomatic	0
NOTE: Evaluate complications of pernicious anemia, a dementia or peripheral neuropathy, separately.	such as
7702 Agranulocytosis, acute: Requiring bone marrow transplant, or; requiring transfusion of platelets or red cells at least once every six weeks, or; infections recurring at least once every	
six weeks	100

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	Rating	
Requiring transfusion of platelets or red cells at least once every three months, or; infections recurring at least once		7710 Adenitis, Rate u whicl
every three months	60	7714 Sickle ce With re skin, caus blood
than once every three months Requiring continuous medication for control	30 10	infar even
NOTE: The 100 percent rating for bone marrow tre shall be assigned as of the date of hospital admiss shall continue with a mandatory VA examinat months following hospital discharge. Any change uation based upon that or any subsequent exar shall be subject to the provisions of §3.105(e) chapter.	ansplant ion and ion six in eval- nination	With pa with light Followi ses v Asymp sion,
7703 Leukemia: With active disease or during a treatment phase Otherwise rate as anemia (code 7700) or aplastic anemia (code 7716), whichever would result in the greater benefit.	100	NOTE: Sickle ce tributable patl Cases of sym the Director, (sideration und
NOTE: The 100 percent rating shall continue beyond to sation of any surgical, radiation, antineoplastic therapy or other therapeutic procedures. Six mont discontinuance of such treatment, the appropriate or rating shall be determined by mandatory VA exame Any change in evaluation based upon that or any quent examination shall be subject to the provistic (§3.105(e)) of this chapter. If there has been no recurate on residuals.	chemo- hs after lisability nination. subse- sions of	7715 Non-Hod With ar phas NOTE: The 100 sation of any therapy or oth discontinuanc rating shall b Any change i
7704 Polycythemia vera: During periods of treatment with myelosuppressants and for three months following cessation of myelosuppressant therapy	100	quent examin § 3.105(e) of the rence or metal 7716 Aplastic and Requiri
therapy Requiring phlebotomy Stable, with or without continuous medica-	40	quirir cells
tion	10	infec six w
NOTE: Rate complications such as hypertension, gout or thrombotic disease separately.	, stroke	Requiri cells
7705 Thrombocytopenia, primary, idiopathic or immune:		or; i every
Platelet count of less than 20,000, with active bleeding, requiring treatment with medication and transfusions	100	Requiri cells once
Platelet count between 20,000 and 70,000, not requiring treatment, without bleeding	70	recur than
Stable platelet count between 70,000 and 100,000, without bleeding	30	Requiri NOTE: The 100
without bleeding	0	shall be assig shall continu
7706 Splenectomy	ns with	months follow uation based
encapsulated bacteria separately. 7707 Spleen, injury of, healed. Rate for any residuals		shall be subj chapter. 7717 AL amylo

NOTE: The 100 percent rating shall continue beyond the cessation of any surgical, radiation, antineoplastic chemotherapy or other therapeutic procedures. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals.

With active disease or during a treatment

Rate for any residuals.

Hodakin's disease:

7709

		Rating
7710	Adenitis, tuberculous, active or inactive. Rate under §§ 4.88c or 4.89 of this part, whichever is appropriate.	
7714	Sickle cell anemia: With repeated painful crises, occurring in skin, joints, bones or any major organs caused by hemolysis and sickling of red blood cells, with anemia, thrombosis and infarction, with symptoms precluding	
	even light manual labor	100
	light manual laborFollowing repeated hemolytic sickling cri-	60
	ses with continuing impairment of health Asymptomatic, established case in remis- sion, but with identifiable organ impair-	30
	ment	10

ell trait alone, without a history of directly atthological findings, is not a ratable disability. mptomatic sickle cell trait will be forwarded to Compensation and Pension Service, for connder § 3.321(b)(1) of this chapter.

dgkin's lymphoma: active disease or during a treatment

percent rating shall continue beyond the cesny surgical, radiation, antineoplastic chemother therapeutic procedures. Six months after ce of such treatment, the appropriate disability be dtermined by mandatory VA examination. in evaluation based upon that or any subseination shall be subject to the provisions of this chapter. If there has been no local recurastasis, rate on residuals.

anemia:

ring bone marrow transplant, or; reing transfusion of platelets or red s at least once every six weeks, or; ctions recurring at least once every weeks . 100 ring transfusion of platelets or red s at least once every three months, infections recurring at least once 60 ry three months ring transfusion of platelets or red s at least once per year but less than se every three months, or; infections urring at least once per year but less once every three months 30 ring continuous medication for control 10

00 percent rating for bone marrow transplant igned as of the date of hospital admission and ue with a mandatory VA examination six wing hospital discharge. Any change in evald upon that or any subsequent examination bject to the provisions of §3.105(e) of this

7717 AL amyloidosis (primary amyloidosis) 100

[60 FR 49227, Sept. 22, 1995, as amended at 77 FR 6467, Feb. 8, 2012]

THE SKIN

§ 4.118 Schedule of ratings—skin.

A veteran whose scars were rated by VA under a prior version of diagnostic codes 7800, 7801, 7802, 7803, 7804, or 7805,

100